

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	2/4
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	E+1	66245	2-22-00
RESPONSE FORMALITY REVIEW			3-21-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	3/01
2	2/01
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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